

FILED

BALLOT QUESTION COMMITTEE OF JAN 30 PM 12: 01

COALK LAGE (10 JMI)	ANAUGH.		
CARNEL	A SABAUGH OUNE JUIGAN	FOR OFFICIAL USE ONLY	
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	16 This Statement covers Fi	rom: 11 9 04To 12 31 05 Mo Day Year Mo Day Year	
1. Committee I.D. Number	4. Committee's Mailing Add	dress	
137553			
2. Committee Name	26017 Ronal Roseville, M	 -	
Excellence in Education	the Statement of Organizat	odifferent from the committee mailing address on the filing address by the filing	
5. Treasurer's Name and Residential Address			
	l Hart		
	Ronald ville, MI 48066		
Area Code and Phone (586 777–5205	VIIIe/ MI 40000		
6. Treasurer's Business Address	7. Designated Record Keeper's (If the committee has a Des	Name and Mailing Address signated Record Keeper)	
		. ,	
Area Code and Phone ()	Area Code and Phone ()		
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	8e. AMENDMENT TO CAMPAIGN	
a PDF FLEATION	(Coverage Year)	STATEMENT	
8a. PRE- ELECTION OR	2004/05	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
	8d. QUALIFICATION	:	
8b. X POST- ELECTION	OR	8f. DISSOLUTION OF COMMITTEE	
Pre-Election or Post-Election Statement relates to:	NON-QUALIFICATION	Effective Date of Dissolution	
PRIMARY GENERAL	STATEMENT (Required of State-wide Ballot Question	Month Day Year	
X SCHOOL SPECIAL	Committees Only)		
Date of Election:		By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule	
Month Day Year	Date of Qualification or Non-	of residual funds must be reported on Schedule 4B and the Summary Page.	
Month Day Year	Qualification:	To and the cultimary Fage.	
	Month Day Year	L	
A committee that does not have a Reporting Waiver must file all rec	ruired Campaign Statements. The (Campaign Statements must include all applicable	
A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, in-kind contributions, loans, expen			
If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the	preparation of this statement and a	ttached schedules (if any) and to the hest of	
my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or			
Current Treasurer or Designated Record Keeper Carmel S. Hart Type or Print Name	Signature	Date 1 12 05 Month Day Year	
.	v		



SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Nu	ımber	<u> 137553</u>	
2. Committee Name	Excell	ence in Edu	ıcation

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 4,985.00	Canadavo la Election Oyolo
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 4,985.00	(20.) \$
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 4,471. 05	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
 c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) 	(8c.) \$	·
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 4,471.05	(24.) \$
IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	<u>.</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.)+4,985.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>44985.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 4,471.05	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 513.95	*

^{*}If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	137553	

2. Committee Name Educat	ion in Excel	<u>lence</u>
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 11/24/04	 	date of receipt)
Name: Roseville Principal Association Address: 25055	7777	1
17855 Common Rd Roseville, MI 48066	200.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt 11/24/04		
3. Contribution # 2 4. Date of Receipt 11/24/04		·
Name: Miglio, Barbara and Nick Address:	15.00	
26729 Kaiser Rosville, MI 48066		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution # 3 4 Date of Receipt 11 / 24 / 04		l
3. Contribution # 3 4. Date of Receipt 11/24/04		
Name:		
aYoung, Loretta		
35728 Devereaux Clinton Twp MI 48035 5. If over \$100.00 cumulative, please provide:	50.00	
Occupation Employer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 12/6/04		
Name: Pin Sales - District Wide (220 at 5 each)	1,100.00	
Administration Bldg 18975 Church Street Roseville MI 48066		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	1,365.00	

Enter this total on line 3a of Summary Page

Page ___1_ of ___6_



MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	137553	
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BALLOT QUESTION COMMITTEE 2. Committee Name Excelle	ncein Educa	Hion
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 11/24/04		date of receipt)
Name: Roseville Federation of School Administrators	Ę	
Address:		
18975 Church Street Roseville, MI 48066 5. If over \$100.00 cumulative, please provide:	200.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 11/24/04		
Name: Karen McGuire		
Address:		
11183 Bay Shore Court Clarkston, MI 48348 5. If over \$100.00 cumulative, please provide:	50.00	
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 3 4. Date of Receipt 11/26/04		
Name:		
Fire Extinguisher Sales and Service		
31551 Groesbeck Fraser, MI 48026 5. If over \$100.00 cumulative, please provide:	50.00	
Occupation Employer	İ	
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 11/24/04		
Name: Wangrud, Ronald		
Address:		
53552 Oakview Shelby Twp, MI 48315 5. If over \$100.00 cumulative, please provide:	100.00	
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	400.00	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	137553
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Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7 0 1
:		7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 11/29/04		date of receipt)
Name: Greve, Ronald		
Address: 48745 Valley Forge Macomb, MI 48044	250.00	
5. If over \$100.00 cumulative, please provide:		
Occupation <u>Lawyer</u> <u>Employer</u> <u>Dinning and Greve</u>		
Business Address <u>25509 Kelly Rd Roseville MI 48066</u>	4	
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt 11/29/04		
3. Contribution # 2 4. Date of Receipt 11/29/04		
Name: Dinning, Douglas	250.00	
Address: 3770 Lake Forest Drive Sterling Heights MI 48314		
5. If over \$100.00 cumulative, please provide:		
Occupation <u>Lawyer</u> Employer <u>Dinning</u> and Greve		
Business Address 25509 Kelly Rd Roseville, MI 48066		
Type of Contribution: XDirect Loan from a person Fund Raiser		
Type of Contribution: XDirect Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 11/29/04		<u></u>
Name: Steemland, Joseph		
Address:	"	
31490 Kelly Rd Roseville, MI 48066 5. If over \$100.00 cumulative, please provide:	50.00	
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution # 4 4. Date of Receipt 12/3/04		
3. Contribution # 4 4. Date of Receipt 12/3/04		······································
Name: PTO Kaiser Elementary, Rosville Community Schools	250.00	
Address: 16700 Wildwood Roseville, MI 48066	į	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	800.00	

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>137553</u>

BALLOT QUESTION COMMITTEE 2. Committee Name Excelle	ngo in Pau	antino
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 11/24/04		<u> </u>
Name: Comerica Bank (3354)		
Address: P.O. Box 75000 Detroit, MI 48275	100.00	
5. If over \$100.00 cumulative, please provide:	100.00	
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 12/7/04		
Name: Roseville Federation on Teachers Local 1071	1,000.00	
Address: 17063 East 10 Mile Rd Eastpointe, MI 48021		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 4. Date of Receipt 12/7/04		
Name: Kepler, Irene	150.00	
Address: 27344 Leroy Street Roseville, MI 48066		
5. If over \$100.00 cumulative, please provide:		•
Occupation Social Worker Employer Roseville Community Schools		
Business Address 18975 Church Street Roseville, MI 48066		
Type of Contribution: X Direct Loan from a person Fund Raiser		İ
3. Contribution # 4 4. Date of Receipt 12/9/04		
Name: DeFelice, Lisa	ļ	
Address:		
15437 Curtis Roseville, MI 48066 5. If over \$100.00 cumulative, please provide:	70.00	
Occupation Employer		ļ
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal)	1,320,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	1,020,000	

Enter this total on line 3a of Summary Page

Page ___4_ of __6__

ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	137553	
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BALLOT QUESTION COMMITTEE 2. Committee Name Excelle	<u>nce in Edu</u>	<u>catio</u> n
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 12/9/04		date of receipt)
Name: J£J Michigan Inc.	500.00	
Address: P.O. Box 680 Roseville, MI 48066		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt 12/0/04		
3. Contribution #2 4. Date of Receipt 12/9/04		
Name: Claseman, Judy		
Address:	50.00	
21717 Lakeshire St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide:	30.00	
OccupationEmployer	į	
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		:
3. Contribution # 3 4. Date of Receipt 12/20/04		
Name: PTO Dort Elementary - Roseville Community Schools		
Address: 16225 Dort, Roseville MI 48066 5. If over \$100.00 cumulative, please provide:	50.00	į
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser	l.	
3. Contribution # 4 4. Date of Receipt 12/29/04 —		
Name:		
PTO RJHS - Roseville Community Schools Address:	50.00	
16250 Martin Rd. Roseville, MI 48066 5. If over \$100.00 cumulative, please provide:		
,,	į	
OccupationEmployer		
Business Address		1
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	650,0Q	

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number	137553	
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BALLOT QUESTION COMMITTEE 2. Committee Name Exc	<u>ellence in Educ</u>	ation
Please enter contributors name and address. If contribution is from an individual, enter last name, first nam middle initial.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 12/20/04		date of receipty
Name: Pin Sale - Roseville Junior High (50 at 5 each)		
Address: 16250 Martin Rd Roseville, MI 48066	250.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 2 4. Date of Receipt 2/23/05		
Name: RHS - Booster Club		
Address: 17855 Common Rd. Roseville MI 48066	200.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 3 4. Date of Receipt		·
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	450.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	4,985 .00	

Enter this total on line 3a of Summary Page

Page <u>6</u> of <u>6</u>



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	r <u>137553</u>	
2. Committee Name	Excellence in	Education

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
Receipt #2 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
Receipt #3 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
Receipt #4 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
Receipt #5 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
Receipt #6 Name: Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Other (Specify)	
		Page Subtotal Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)	-0-

Enter this total on line 4 of Summary Page

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MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK **BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number	137553
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Committee Name Excellence in Education
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		T	
3. Name and Address from whom received If contribution is from an individual, please enter last name first. Contribution #1 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased 4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:		
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:		

Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)

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Ga af		

Enter on line 6a of Summary Page



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Numbe	137553
0.0	Evenllones in Education

BALLOT QUESTION COMMITTEE	Discriber Name	II Daucadon	
3. Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date 7. Amount	8. Cumulative for election
Expenditure # 1 Name: Rebecca Vasil	4. Purpose: reimbursement in postage, Rec. Centerrenta pins, refreshments	for: al, 12/28/04 3,121 08	
c/o Rosevile Community Schools 18975 Church Street		3,122	
Roseville, MI 48066 Check box if expenditure is payment of debt or obligation	Bond County:Macomb	-	
reported on previous statement	XSupport Oppose		İ
Fund Raiser	Statewide Local		
Expenditure # 2	4. Purpose:		
Name: Rebecca Vasil (see above)	reimburgementafor:		
Address:	Rec Center rental 5. Ballot Proposal:	1/18/05 135.00	3,256.08
Check box if expenditure is payment of debt or obligation	Bond	_	
reported on previous statement	County: Macomb		į
Fund Raiser	XSupport Oppose Statewide Local		
Expenditure # 3	4. Purpose:		
Name: Lynn Hutchison	reimbursement for: -postage and printing	12/28/04 965.38	
Address: (see abcve)			
	5. Ballot Proposal:		
Check box if expenditure is payment of debt or obligation reported on previous statement	<u>Bond</u>	-	
	County:Macomb		
Fund Raiser	XSupport Oppose		
Expenditure # 4	Statewide Local		
Name:	4. Purpose: reimbursement for:		
RebeccaVasil			<u>. </u>
Address: (see above)	Rec Center Rental 5. Ballot Proposal:	11/9/05 60.0	0 3,316.0
Charle have if a sman dileton in	Bond		
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Macomb		
	XSupport Oppose		
Fund Raiser	Statewide Local		İ

Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)

4,281,46

Enter this total on Line 8a of the Summary Page

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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number	137553		
2. Committee NameExc	ellence in	Education	

BALLOT QUESTION COMMITTEE 2. C	ommittee Name <u>Excell</u> e	ence in	Education		
Name and address of person to whom paid	State purpose of expendi Identify the ballot propose Indicate whether supported	al involved	6. Date	7. Amount	8. Cumulative
Expenditure # 1	4. Purpose:	ог оррозец.			for election
Name: Postmaster of Roseville	Permit Fee Bul	k Mail	11-15-	05 150.00	
Address: 30550 Gratiot	5: Ballot Proposal:				
Roseville, MI 48066	Bond				
Check box if expenditure is payment of debt or obligation	County: Macomb				
reported on previous statement			1		
Fund Raiser	XSupport	Oppose			
Expenditure # 2	Statewide 4. Purpose:	Local			
Name :	1				
Lynn Hutchison	reimbursement		11-15-0	5 39.59	1,004.9
Address: c/o Roseville Community Scho	ols refreshments	_			
18975 Church Street	5. Ballot Proposal:				
Roseville, MI 48066 Check box if expenditure is payment of debt or obligation	Bond				
reported on previous statement					
1	County: Macomb				
Fund Raiser	X Support	Oppose			
F	Statewide	Local	1		
Expenditure # 3 Name :	4. Purpose:	-			
· · · · · · · · · · · · · · · · · · ·					
Address:					
Address.	5. Ballot Proposal:				
	o. Danot Proposal.				
Check box if expenditure is payment of debt or obligation					
reported on previous statement	County:				
Fund Raiser	Support	Oppose			
	Statewide	Local			
Expenditure # 4 Name :	4. Purpose:				
Tanio .			1		
Addenses			!		
Address:	5. Ballot Proposal:]]		
					i
Check box if expenditure is payment of debt or obligation	0				
reported on previous statement	County:	 			į
Fixed Deigner	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subtotal this	page	189.59	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

4,471.05

Enter this total on Line 8a of the Summary Page



ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 4B-1 BALLOT QUESTION COMMITTEE

1.	Committee I.D. Number	137553	
2.	Committee Name	xcellencein Education	

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

expenditures to Ballot Question Committees, or the	provision of in-kind goods or services to Ballot C	uestion Con	ımittees.	•••
Name and address of person or vendor paid	Purpose (Describe specific purpose and you may assign an Expenditure Code.) Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1	4. Purpose:	†	 	
Name:		1		
	5Ballot Proposal			
Address:	Ballot Proposal	1		
	County	ļ	ļ	
	Support Oppose			
Check box if expenditure is payment of Debt or	1	ļ	l	
Obligation reported on previous statement	Statewide Local			
Expenditure #2	4. Purpose:			
Name:				
	5			
Address:	5Ballot Proposal			
	1	1		l
	County			
Check box if expenditure is payment of Debt or	Support Oppose	1		
Obligation reported on previous statement	1	İ		
Francisco de la constanta de l	Statewide Local			
Expenditure #3 Name:	4. Purpose:			
Turio.				
l	5	f		
Address:	Ballot Proposal			
	County			
Charle have if a war and it was in a second of D. Le	I			
Check box if expenditure is payment of Debt or Obligation reported on previous statement	Support Oppose			
Congation reported on previous statement	Statewide Local			
Expenditure #4	4. Purpose:			
Name:				
Address:	5Ballot Proposal			
	· ·			
	County			
Check box if expenditure is payment of Debt or	Support Oppose			
Obligation reported on previous statement	••	!		
	Statewide Local			
	Subtotal this	page	<u> </u>	
	Grand Total of all Schedules			
	(Complete on last page of So	hedule	•	
	· •	L	0	J

Enter total on line 9 of Summary Pg.

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ITEMIZED IN-KIND EXPENDITURES SCHEDULE 4B-2 BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 37553

DALLOT GOLSTION COM		<u>cellence in Ec</u>	lucation	
Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1	4. Loan endorsement or guarantee			· · · · · · · · · · · · · · · · · · ·
Name:	Goods Donated or Loaned Services Donated			
Address:	Goods or Services Purchased Goods or Services Purchased - LOAN			
Ballot Proposal:	Description			
Statewide Local	5. DATE OF EXPENDITURE:			
County	6. VENDOR NAME & ADDRESS:			
Expenditure #2	4. Loan endorsement or guarantee			
Name:	Goods Donated or Loaned			
	Services Donated			
Address:	Goods or Services Purchased			
Ballot Proposal:	Goods or Services Purchased - LOAN Description			
Statewide Local	5. DATE OF EXPENDITURE:			
Statewide Local County	6. VENDOR NAME & ADDRESS:			
Expenditure #3	4. Loan endorsement or guarantee			
Name:	Goods Donated or Loaned			
	Services Donated			
Address:	Goods or Services Purchased			
	Goods or Services Purchased - LOAN Description			
Ballot Proposal:	5. DATE OF EXPENDITURE:			
Statewide Local	6. VENDOR NAME & ADDRESS:			
County				
		<u></u>		
	Subtotal this Page			·
	Grand Total of all Schedules 4B-2			
	(Complete on last page of Schedule)	_0_	-0-	
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Page of		Summary Page	Summary Page	



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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES SCHEDULE 4 B - G

BALLOT QUESTION COMMITTEE

1.	Committee I.D. Nun	nber <u>137553</u>	
2.	Committee Name	Excellence in Education	

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 46 ALL EXPENDITURES ARE DECLURED TO BE ITEM/ZED.

3. Name and address of person or vendor to whom the expenditure was made Expenditure #1 Name & Address:	Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZE	ED.	00. 00. 11.	o voto activity iii
Salate Address:	Name and address of person or vendor to whom the expendit		5. Date	6. Amount
The Polis b. Slate Cards c. Challengers d. Poli Workers e. Poli Workers In-Kind Independent If in support of, or in opposition to, a ballot proposal, check one: Support Check box if this expenditure is payment of debt or obligation reported on previous statement Local Proposal Name Indicate County Local Proposal Name Indicate County \$	Expenditure #1	a Flactice Dev Busines (1) ()	 	
b. Slate Cards c. Challengers d. Poll Warkers e. Poll Workers f. Get-Out-The Vota Activity (Specify):	Name & Address:			
For Activity Type b-f, check one: n-Kind				
In-Kind		b State Cards		
In-Kind	For Activity Type b-f, check one:	d. Poll Watchers e. Poll Workers		
If in support of, or in opposition to, a ballot proposal, check one: Support				
Support		f Get-Out-The Vote Activity (Specify):		
Support				١
reported on previous statement Statewide Proposal Name Local Proposal Name Indicate County Indicate County Indicate County Local Proposal Name Indicate County Indicate	Support Oppose		i	Ψ
reported on previous statement Statewide Proposal Name Local Proposal Name Indicate County Indicate Coun	Check box if this expenditure is payment of debt or obligation			J
Statewide Proposal Name Local Proposal Name Indicate County	reported on previous statement	Cumulative for Ballot Proposal \$		
Expenditure #2 Name & Address: a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers In-Kind Independent f. Get-Out-The Vote Activity (Specify): If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Cumulative for Ballot Proposal \$ Expenditure #3 Slate Cards c. Challengers Local Proposal Name Indicate County	Statewide Proposal Name		dicate County	
The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers f. Get-Out-The Vote Activity (Specify): If in support of, or in opposition to, a ballot proposal, check one: Cumulative for Ballot Proposal Stateward Shame Expenditure #3 Name & Address: For Activity Type b-f, check one: In-Kind Independent In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: If in support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support of, or in opposition to, a ballot proposal, check one: In support			T TOUR	
D. Slate Cards C. Challengers	Name & Address:			
For Activity Type b-f, check one: In-Kind				
In-Kind		b Clate Cards		
In-Kind	For Activity Time Is 5, shoots are	d. Poll Watchers e. Poll Workers		
f. Get-Out-The Vote Activity (Specify): Get-Out-The Vote Activity (Specify): Support		an El van vyatanata at El van vvantara	1	
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name Local Proposal Name Indicate County Local Proposal Name Indicate County Local Proposal Name Indicate County Billot Proposal Name Indicate County Local Proposal Name Indicate County Billot Proposal Name Indicate County Cumulative for Ballot Proposal Name Indicate County Support Cumulative for Ballot Proposal S Cumulative for Ballot Proposal S Cumulative for Ballot Proposal S Cumulative for Ballot Proposal S Cumulative for Ballot Proposal S Subtotal this page Grand Total of all Schedules 4B-G (Complete on last page of Schedule) Enter total on	In-KindIndependent	f. Get-Out-The Vote Activity (Specify):		
Support Oppose Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name Local Proposal Name indicate County Expenditure #3 Name & Address: a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers for Activity Type b-f, check one: In-Kind Independent If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Cumulative for Ballot Proposal \$ Cumulative for Ballot	If in support of, or in opposition to, a ballot proposal, check one:			
Cumulative for Ballot Proposal \$				\$
reported on previous statement Statewide Proposal Name Local Proposal Name		Cumulative for Ballet Brancool &		
Statewide Proposal Name	Uneck box if this expenditure is payment of debt or obligation	Cumulative for Ballot Proposal \$		
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Name & Address: a. Election Day Busing of Voters To The Polls b. Slate Cards C. Challengers b. Slate Cards C. Challengers d. Poll Watchers e. Poll Workers If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Oppose Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name Local Proposal Name Indicate County Subtotal this page Grand Total of all Schedules 4B-G (Complete on last page of Schedule) Oppose Check box if this expenditure is payment of debt or obligation reported on previous statement Cumulative for Ballot Proposal \$		Local Proposal NameInd	icate County	
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If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Check box if this expenditure is payment of debt or obligation reported on previous statement Cumulative for Ballot Proposal \$	In-Kind Independent	d Poll Watchers e Poll Workers	İ	
Support Oppose \$	_ ,	G FOII WEIGHOLD E FOII WORKERS	İ	
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reported on previous statement Statewide Proposal Name Local Proposal Name Indicate County Subtotal this page Grand Total of all Schedules 4B-G (Complete on last page of Schedule) Enter total on	Check box if this expenditure is payment of debt or obligation			
Statewide Proposal Name	reported on previous statement	Cumulative for Ballot Proposal \$		
Subtotal this page Grand Total of all Schedules 4B-G (Complete on last page of Schedule) Enter total on			cate County	
Grand Total of all Schedules 4B-G (Complete on last page of Schedule) Enter total on				
(Complete on last page of Schedule) Enter total on				
Enter total on				-0-
Line 8b of the			•	Enter total on
Summary Pg.				



DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE

BALLOT QUESTION COMMITTEE	2. Committee Name	- n n	n 3	
This Schedule itemizes:	(Check either a or b. l	Jse only for the purpose che	ecked.	· · · · · · · · · · · · · · · · · · ·
a. Debts and obligations owed by or forgiven the co		Debts and obligations ov		by the committee.
3.Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:	4. Type:			
	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	_/ / \$ _/ / \$ _/ / \$		
]	FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	ınt Endorsed: \$	
Debt #2 Owed to or by:	4. Type:	_ / / \$.
	5. <u>Date Debt Was Incurred</u> :	/_\$ /_\$		
	6. Original Amount of Debt:	_ / / \$		
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Amoun	t Endorsed: \$	
Debt #3 Owed to or by:	4. Type:			
	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	
		Page Subtotal (Outstandi Grand Total of all Schedu	iles 4E	
(Complete on last	page of Schedule showing amounts	s owed by or to the committe	e.)	_ 0

1. Committee I.D. Number _

137553

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

Page		of	
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Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 4F BALLOT QUESTION COMMITTEE

1.	Committee I.D. Numb	137553 er	 	
2.	Committee Name	72 m = 27 = 1 = 2 = 2 = 2		

		- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held		Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any of the place where the activit was held
Month Day Year				Private Residence
. Total Contributions	\$			
. Other Receipts	\$	·	····	
. Gross Receipts Add lines 7 and 8)	\$			
0. Total Cost of Event	\$		*Includes In-Kind Expenditures Ma	Contributions and All de For the Event
1. Check if event wa	s a joi	int fund raiser and complete the	e following:	
		Contribution	Split Fx	penditure Split
Co-Sponsor(s)		(%)		(%)
Co-Sponsor(s)				(%)

• Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.